

**AGREEMENT
BETWEEN
LAKE COUNTY, FLORIDA
AND
HUMANA INSURANCE COMPANY
FOR
GROUP VISION PLAN INSURANCE**

RFP 14-0027

THIS AGREEMENT, made and entered into by and between Lake County, Florida, a political subdivision of the State of Florida, hereinafter referred to as the "Client" or the "County", and Humana Insurance Company, a foreign corporation authorized to do business in the State of Florida, hereinafter referred to as the "Agent".

WITNESSETH:

WHEREAS, the Client desires to engage the services of Agent to provide a voluntary, fully insured Group Vision Plan for the Client's active employees, eligible COBRA participants and their eligible dependents up to 26 years of age, for plan effective date of October 1, 2014;

WHEREAS, Agent is qualified and desires to provide the aforementioned services on behalf of the Client in accordance with this Agreement; and

NOW, THEREFORE, for and in consideration of the mutual covenants contained herein, the parties hereto do mutually agree as follows:

1. **RECITALS.** The foregoing recitals are true and correct and incorporated herein by reference.

2. **TERM.** This Agreement shall be effective **October 1, 2014** and shall continue through **September 30, 2015**, unless terminated as set forth herein. This Agreement may be renewed for up to four (4) additional successive one-year renewals.

3. **SCOPE OF SERVICES.**

A. On the terms and conditions set forth in this Agreement, the Client hereby engages the Agent to perform the General Services set forth in **Exhibit A**, attached hereto and incorporated herein by reference (the "General Services"), as clarified through Addendum #1 dated May 19, 2014, and Addendum #2 dated May 20, 2014, and more specifically detailed in the Agent's Best and Final Offer, attached hereto and incorporated herein by reference as **Exhibit B**. The Agent shall provide the Services at the Rates identified in **Exhibit C**, attached hereto and incorporated herein by reference..

B. Agent shall additionally provide the Wellness Support Services identified in **Exhibit D**, attached hereto and incorporated herein by reference

C. The parties agree that in the event any provision of an Exhibit conflicts with this Agreement, or with any other Exhibit attached hereto, the requirement most favorable to the COUNTY, as determined by the COUNTY, shall control.

4. **AGENT FEES.**

A. Agent agrees to provide vision insurance in accordance with this Agreement to individual employees at the Rates detailed in **Exhibit C**. The rates agreed to herein shall include all expenses. The Client shall not be responsible for any cost or fee whatsoever. The monthly fees for coverages shall be paid by the individual employees. The Rates provided for herein shall prevail for the initial one (1) year term, and the first two (2) renewals, if exercised by the Client.

B. It is the Agent's responsibility to request any pricing adjustment to this Agreement after the second renewal. For any adjustment to commence on the first day of the third renewal period, the Agent's request for adjustment must be received by the Client before January 2nd prior to the renewal beginning on October 1st. The Agent's request must clearly substantiate the requested increase and shall include all supporting information. The request for adjustment should not be in excess of the relevant pricing index change. If no adjustment is requested by January 2nd, the Client will assume the Agent has agreed that the optional term may be exercised without pricing adjustment. Any adjustment request received after the commencement of a new option period shall not be considered.

The Client reserves the right to reject any pricing adjustments submitted by the Agent and/or to not exercise any otherwise available renewal based on such price adjustments. Continuation of this Agreement beyond the initial period, and any option subsequently exercised is a Client prerogative, and not a right of the Agent. This prerogative shall be exercised only when such continuation is clearly in the best interest of the Client. Should the Agent decline to renew, such declination shall be considered prior to any future awards to the Agent.

5. **AGENT'S OBLIGATIONS.**

A. **Furnishing of Materials and Labor.** The Agent shall, for the consideration set forth herein, and at its sole cost and expense, as an independent contractor, provide all labor, materials, equipment, tools, supplies and incidentals necessary to perform the Scope of Services, including covering all costs of producing, printing, and mailing/distributing marketing and administrative supplies including Certificates and Policies to covered individuals. Agent shall additionally dedicate a main contact person and provide a representative to attend up to six (6) Client committee and/or employee meetings annually, as requested by the Client.

B. **Standard of Care.** The Agent shall furnish, provide or fulfill its obligations under this Agreement in a professional manner to the reasonable satisfaction of the duly authorized representatives of the Client, who shall have, at all times, full opportunity to monitor the services performed under this Agreement. At all times during the term of this Agreement, the Agent shall maintain an AM Best Rating of "A" or higher.

C. **Indemnification.** The Agent understands that in performing the Services hereunder it will be responsible for the consequences of its own actions. Therefore, the Agent agrees that it will

indemnify, defend and hold harmless the Client as well as the Client's commissioners, officers, directors, employees, agents and representatives and each of the heirs, executors, successors and assigns of each of the foregoing from, against and in respect of all claims, liabilities, obligations, losses, costs, expenses, penalties, fines and judgments (at equity or at law) and damages whenever arising or accruing (including, without limitation, amounts paid in settlement, costs of investigation and reasonable attorneys' fees and expenses) to the extent arising out of or caused by the Agent's performance of the Services hereunder, including, without limitation, any acts or omissions with respect thereto.

D. **Additional Information.** The Agent, at the request of the Client, shall further provide to the Client such other information as the Client may reasonably request from time to time. Further, the Agent shall provide the Client with online access to view claims status, eligibility status, and the ability to run reports as necessary.

E. **E-verify.** Agent acknowledges and agrees Agent shall utilize the U.S. Department of Homeland Security's E-Verify system in accordance with the terms governing use of the system to confirm the employment eligibility of:

- i. All persons employed by the Agent during the term of this Agreement to perform employment duties within Lake County; and
- ii. All persons, including subcontractors, assigned by the Agent to perform work pursuant to the contract.

F. **Key Contractor Personnel.** The Agent represents in executing this Agreement that each person listed or referenced in the Agent's proposal submitted in response to RFP 14-0027 is available to perform the services described for the Client, barring illness, accident, or other unforeseeable events of a similar nature in which case the Agent shall promptly provide a qualified replacement. In the event the Agent desires to substitute personnel, the Agent shall propose a person with equal or higher qualifications and each replacement person is subject to prior written approval of the Client. In the event the requested substitute is not satisfactory to the Client and the matter cannot be resolved to the satisfaction of the Client, the Client reserves the right to terminate this Agreement for cause.

6. **Insurance.** Agent shall provide general liability insurance on forms no more restrictive than the latest edition of the Commercial General Liability policy (CG 00 01) of the Insurance Services Office or equivalent without restrictive endorsements, with the following minimum limits and coverage:

Each Occurrence/General Aggregate	\$1,000,000/\$2,000,000
Products-Completed Operations	\$2,000,000
Personal & Adv. Injury	\$1,000,000
Fire Damage	\$50,000
Medical Expense	\$5,000
Contractual Liability	Included

Automobile liability insurance, including non-owned autos with the following minimum limits and coverage:

Combined Single Limit	\$1,000,000
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Workers' compensation insurance based on proper reporting of classification codes and payroll amounts in accordance with Chapter 440, Florida Statutes, and/or any other applicable law requiring workers' compensation (Federal, maritime, etc). If not required by law to maintain workers compensation insurance, Agent must provide a notarized statement that if an injury occurs they will not hold the Client responsible for any payment or compensation.

Employer's Liability insurance with the following minimum limits and coverages:

Each Accident	\$1,000,000
Disease-Each Employee	\$1,000,000
Disease-Policy Limit	\$1,000,000

Professional liability and/or specialty insurance (medical malpractice, engineers, architect, consultant, environmental, pollution, errors and omissions, etc.) as applicable, with minimum limits of \$1,000,000 and annual aggregate of \$2,000,000.

Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, shall be named as additional insured as their interest may appear on the general liability policy.

Certificate(s) of insurance shall provide for a minimum of thirty (30) days prior written notice to the Client of any change or cancellation of the required insurance.

Certificate(s) of insurance shall identify the contract number in the Description of Operations section of the Certificate.

Certificate holder shall be:

LAKE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, AND THE
BOARD OF COUNTY COMMISSIONERS.
P.O. BOX 7800
TAVARES, FL 32778-7800

All deductibles or self-insured retention shall appear on the certificate(s).

All insurance companies must be authorized to transact business in the State of Florida.

The Client shall be exempt from, and in no way liable for, any sums of money, which may represent a deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of Agent.

Failure to obtain and maintain such insurance as set out above will be considered a breach of contract and may result in termination of the contract for default.

Neither approval by the Client of any insurance supplied by Agent, nor a failure to disapprove that insurance, shall relieve Agent of full responsibility of liability, damages, and accidents as set forth herein.

If it is not possible for the Agent to certify compliance, on the certificate of insurance, with all of the above requirements, then the Agent is required to provide a copy of the actual policy endorsement(s) providing the required coverage and notification provisions.

7. **DEFAULT.** The failure of either party to comply with any provision of this Agreement will place that party in default. Prior to terminating the Agreement, the non-defaulting party will notify the defaulting party in writing. This notification will make specific reference to the provision(s) the defaulting party failed to comply with, the exact nature of the default, and the action that needs to occur to correct the default. The non-defaulting party will give the defaulting party a minimum of twenty (20) business days to correct the default. The County Manager or designee shall be authorized to provide the written notice described herein on behalf of the Client. If the default is not corrected within the allotted time, the non-defaulting party shall be permitted to terminate this Agreement, effective upon the receipt by the defaulting party of a written termination notice.

8. **TERMINATION.**

A. This Agreement may be terminated by the Client for convenience upon thirty (30) calendar days advance written notice to the other party; but if any work or service or task hereunder is in progress but not completed as of the date of termination, then this Agreement may be extended upon written approval of the Client until said work or Service(s) or task(s) is completed and accepted. In the event this Agreement is terminated or cancelled upon the request and for the convenience of Client with the required thirty (30) day advance written notice, Client shall reimburse Agent for actual work satisfactorily completed.

B. The Client reserves the right to terminate this Agreement, in part or in whole, or place the Agent on probation in the event the Agent fails to perform in accordance with the terms and conditions stated herein. The Client further reserves the right to suspend or debar the Agent in accordance with the appropriate County ordinances, resolutions or other administrative orders. Termination costs, if any, shall not apply. The thirty (30) day advance notice requirement is waived in the event of termination for cause.

C. If either party files a petition for bankruptcy or a petition or answer seeking reorganization, becomes or is insolvent or bankrupt, has a receiver appointed for its benefit, admits in writing its inability to pay its debts as they mature, or makes an assignment for the benefit of creditors, the other party may immediately terminate this Agreement

D. When funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal year, this Agreement shall be cancelled and the Agent shall be reimbursed for the reasonable value of any non-recurring costs incurred but not amortized in the price of the supplies or services/Tasks delivered under this Agreement. The Agent shall be given ten (10) business days notice of cancellation due to unavailability of funds.

9. **NOTICES.** Whenever written notice is required under the terms of this Agreement, it shall be delivered either in person or by registered mail to the appropriate party. Notice by registered mail shall be addressed as follows:

AGENT

Laura Nolan
Health Solutions Sales Executive
1100 Employers Blvd
De Pere, WI 54415

CLIENT

Lake County BCC
315 W. Main Street
Tavares, FL 32778
ATTN: Director, Human Resources

10. **NON-ASSIGNMENT.** Client has selected the Agent to render the Services based in substantial part on the personal qualifications of the Agent; as such, the Agent may not assign or transfer any right or obligation of this Agreement in whole or in part, without the prior written consent of Client, which consent may be granted or withheld in the sole discretion of Client. Any direct or indirect change in the ownership (legal or equitable) of a controlling and/or a majority interest of the Client, whether such change in ownership occurs at one time or as a result of sequential incremental changes, and whether said change is by sale, assignment, hypothecation, bequest, inheritance, operation of law, merger, consolidation, reorganization or otherwise, shall be deemed an assignment of this Agreement subject to the consent of Client. The Agent may utilize subcontractors as otherwise permitted and provided herein. Any assignment or transfer of any obligation under this Agreement without the prior written consent of Client shall be void, *ab initio*, and shall not release the Agent from any liability or obligation under this Agreement, or cause any such liability or obligation to be reduced to a secondary liability or obligation.

11. **NON-TRANSFER OF POWERS.** Nothing contained in this Agreement shall be construed to constitute a Transfer of Powers in any way whatsoever. This Agreement is solely an Agreement for provision of services.

12. **PUBLIC RECORDS.** Client is a political subdivision of the State and is subject to Florida's Public Records Act, Chapter 119, Florida Statutes. It is possible that the Agent, as a result of this Agreement, may also be subject to the Public Records Act and, if so, the Agent will promptly respond in accordance with said statute to any and all third party requests for "public records," as that term is defined in the Public Records Act. In regard to any such request, the Agent will promptly notify Client. Client's determination as to the necessity of such response shall be presumptively correct. If, when, and to the extent during its activities under this Agreement a court determines that the Agent is a "contractor" for purposes of Section 119.0701, Florida Statutes, Agent shall comply with all of the Florida public records' laws.

13. **SEVERABILITY.** Should any provision of this Agreement be declared invalid by a Court of competent jurisdiction, same shall be deemed stricken here from and all other terms and conditions of this Agreement shall continue in full force and effect as if the invalid provision had never been made a part hereof.

14. **NON-WAIVER.** No delay by either party in enforcing any covenant or right hereunder shall be deemed a waiver of such covenant or right, and no waiver of any particular provision hereof shall be deemed as waiver of any other provision or a continuing waiver of such particular provision, and except as so expressly waived, all provisions hereof shall continue in full force and effect.

15. **ENTIRE AGREEMENT.** This Agreement constitutes the entire understanding of the parties with respect to provision of services. It may not be modified nor any of its provisions waived unless such modification and/or waiver is in writing and is agreed to and signed by both parties.

16. **THIRD PARTY BENEFICIARIES.** There are no third party beneficiaries of this Agreement, either intended or implied.

17. **RIGHT TO AUDIT.** Agent permits either one desk claims audit or one on site audit during any plan year. For a desk or on-site audit Agent will provide up to four (4) associates for a period of one (1) week to facilitate the audit of no more than 300 claims including out of sample claims. Humana must be provided sixty (60) days prior notice of the requested audit. The sample will be a random audit selection of all claims presented for the time period in question. A letter of request from a fully insured group is required by the privacy office in the event a third party is auditing on behalf of an employer group. In addition, a scope letter must be provided prior to any data request being made or confirmation of scheduled audits. Agent reserves the right to de-identify or restrict access to confidential or proprietary information including personal health information. If an audit inspection or examination pursuant to this section discloses overpricing or overcharges of any nature by the Agent to the Client, any adjustments and/or payments which must be made as a result of any such audit or inspection of the Agent's invoices and/or records shall be made within a reasonable amount of time, but in no event shall the time exceed ninety (90) days, from presentation of the Client's audit findings to the Agent.

18. **PUBLIC ENTITY CRIMES.** A person or affiliate who has been placed on the convicted vendor list following a conviction of a public entity crime may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity in excess of the threshold amount provided in Florida Statutes, section 287.017, for Category Two for a period of thirty-six (36) months from the date of being placed on the convicted vendor list. Agent certifies that it is not now on the convicted vendor list, and acknowledges that if Agent is later placed on such list, the Client shall have the option to terminate this Agreement.

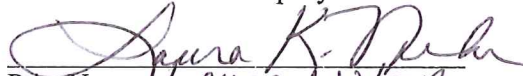
19. **EXHIBITS.** This Agreement contains the following Exhibits:

Exhibit A	Scope of Services
Exhibit B	Addendums
Exhibit C	Best and Final Offer
Exhibit D	Wellness Support Services

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the respective dates under each signature: COUNTY through its Board of County Commissioners, signing by and through its Chairman, authorized to execute same by Board Action on the _____ day of _____, 2043 and by Agent through its duly authorized representative.

AGENT

Humana Insurance Company



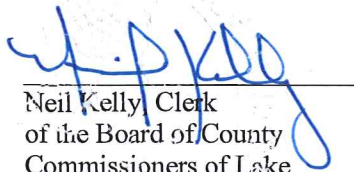
Print Name: Laura K. Nolan
Title: Health Solutions Sales Executive

This 13 day of June, 2014

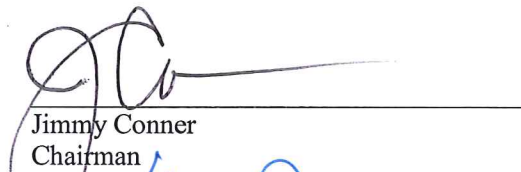
COUNTY

ATTEST:

LAKE COUNTY, through its
BOARD OF COUNTY COMMISSIONERS

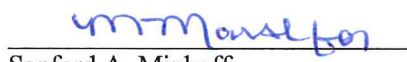


Neil Kelly, Clerk
of the Board of County
Commissioners of Lake
County, Florida



Jimmy Conner
Chairman
This 27th day of June, 2014

Approved as to form and legality:



Sanford A. Minkoff
County Attorney

EXHIBIT A: GENERAL SERVICES

Provide the Lake County Board of County Commissioners and participating agencies a fully insured Group Vision Plan for active employees, eligible COBRA participants and their eligible dependents up to 26 years of age.

General Administration

- A. Effective date of October 1, 2014. The Plan Year is October 1st through September 30th. Annual enrollment occurs in July-August of each year.
- B. Waive minimum participation requirements.
- C. Provide an experienced client service manager, with expert support.
- D. Allow the County the option of either self-administration of the premium bill or payment from the Company's list bill on a monthly basis.
- E. Agree to accept an initial paper enrollment with access to an employer portal for eligibility changes and updates
- F. Provide educational brochures, plan documents, claim forms, and other materials that clearly explain how to use the vision benefit to its maximum levels in paper and electronic format.
- G. Participate in the annual enrollment process to explain the benefits of the program and attend at least five (5) meetings at locations throughout the County.
- H. The proposing company may utilize ID cards for identification of plan participants, but not required. The Company will be responsible for administration and maintenance of the identification system, inclusive of any costs associated with the administration and maintenance. The Company must agree not to utilize Social Security numbers on ID cards.
- I. The proposing company should include information regarding wellness support services your Company can provide to improve the health of the population. Provide participation in an annual health screening and health fair event to provide vision health.
- J. Experience reports must be provided on a quarterly and annual basis that provide, at a minimum, membership, premium, and claims cost by service type.
- K. Provide toll-free telephonic member services

I. Plan Design

- A. Proposals must meet or exceed the level of benefits as outlined.
- B. Proposals must describe the procedures members must follow to access vision benefits.
- C. Members shall have access to a wide variety of frame selections.

II. Network

- A. Members shall have access to in-network retail and independent providers.
- B. Maintain a network of preferred vision providers for enrollees. The network must be comprehensive in the Lake County Area (Lake, Orange, and Marion County) and provide adequate access to services.

III. Premium Proposal

- A. Premium rate (contributory) are to be proposed for the following tiers:
 - a. Employee Only
 - b. Employee + FamilyA minimum three (3) year rate guarantee is required.
- B. Proposals are to be submitted net of any agent or broker commissions.
- C. Performance Guarantees outlining standards and financial penalties are requested

EXHIBIT B: ADDENDUMS



LAKE COUNTY FLORIDA

OFFICE OF PROCUREMENT SERVICES
315 WEST MAIN STREET, SUITE 441
PO BOX 7800
TAVARES FL 32778-7800

PHONE: (352) 343-9839
FAX: 352) 343-9473

ADDENDUM NO. 1

Date: June 9, 2014

ITB / RFP No. 14-0027, Group Vision Plan

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid or proposal response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

1. Confirm the current employer contribution percentage towards both employee premiums and dependent premiums.

Answer: 0%, see answer to question #1.

2. Please confirm that the intent of the RFP is that as of October 1, 2014 the employer contribution will be 0% towards the employee premiums and 0% towards the dependent premiums.

Answer: Confirmed

3. The Certificate of Insurance that was provided with the RFP noted that the Non-Participating Provider allowance for Frames is \$45, and under the Form 1: Vision RFP document it is noted at up to \$70. Please clarify.

Answer: The non-participating provider allowance for frames is \$45 not \$75.

4. Please provide a Utilization Report by provider.

Answer: See the most recent utilization report available in Attachment 7 of the RFP

5. Please provide a claims Report by code.

Answer: Use the claims experience report provided in Attachment 6 of the RFP.

6. May we include a cover letter?

Answer: Responses should be submitted as outlined in Section I.14, additional information may be added.

7. Confirm which document is considered Attachment A. This is listed on Section III, letter B of Form I.

Answer: Refer to Attachment 5 Current Policy to respond to deviations from coverage from current policy and exclusions per Section III, B of Form I.

8. Provide specifics on Performance Guarantees requested on page 13, Section 2 in RFP 14-0027.

Answer: Per Form I, list any performance guarantees and proposed risk that your company would take for not meeting any goals

9. Florida Department of Finance limits rate guarantees to a two year maximum. Please confirm that a two year rate guarantee is acceptable.

Answer: A two year rate guarantee with a not to exceed for the third year is permissible.

10. Please provide current performance guarantees offered by the incumbent.

Answer: There are no current performance guarantee offered by the incumbent

11. Please provide Renewal rates (if available)

Answer: I have requested the information and if it is available before the response date I will make it available on our website.

12. Provide a breakdown of the claims experience count by service type.

Answer: I have requested the information and if it is available before the response date I will make it available on our website

13. Confirm the current benefit plan in network "materials" copay applies for each separately as follows: spectacle lenses, frames and/or contact lenses?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

14. Confirm that any level of proposed benefit(s) to 'exceed' current plan benefits must be included as ONE plan design as responded to in Form I section III?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

15. Confirm if the current plan rates include any commission? If yes, what percentage?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

16. Clarify and explain the current benefit for Progressive Lenses; stated as follows "Up to providers contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge". Can a specific example of member cost be provided for the progressive lenses as noted in Form 1? What is the provider's contracted fee referred to? Also please specify the type of Progressive Lenses (formulary) covered for example Standard only, or Premium or Digital lenses, if applicable?

Answer: I have requested the information and if it is available before the response date I will make it available on our website

17. Confirm that in addition to completing Form 1 for Proposed Benefits that a carrier may submit their standard proposal document which outlines ALL other details of standard filed and included services?

Answer: Responses should be submitted as outlined in Section 1.14. Additional information may be added.

18. Clarify if the Out-of-Network benefit for Frames is \$70 as noted in FORM 1 or \$45 as noted in the 'Schedule of Eye Care Services' provided within the RFP?

Answer: See Answer to question #4.

Firm Name: Humana, Inc Date: 6/13/14
Signature: Laura K. Nolan Title: Health Solutions Sales Executive
Typed/Printed Name: Laura K. Nolan



LAKE COUNTY
FLORIDA

OFFICE OF PROCUREMENT SERVICES
315 WEST MAIN STREET, SUITE 416
PO BOX 7800
TAVARES FL 32778-7800

PHONE: (352) 343-9839
FAX: 352) 343-9473

www.lakegovernment.com

ADDENDUM 2
ADDITIONAL CLARIFICATIONS
RFP 14-0027, GROUP VISION PLAN
Date: May 20, 2014

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid or proposal response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid or proposal response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid or proposal from being considered for award.

Below are some additional requested clarifications:

1. Please provide Renewal rates (if available)

Answer: Not available

2. Provide a breakdown of the claims experience count by service type.

Answer: Please see provided claims experience report (Attachment 6) and new Attachment 7 Vision utilization report. Attachment may be obtained from our website.

3. Confirm the current benefit plan in network "materials" copay applies for each separately as follows: spectacle lenses, frames and/or contact lenses?

Answer: Deductibles are separate for lenses, \$15 for lens, and \$15 for frames

4. Confirm that any level of proposed benefit(s) to 'exceed' current plan benefits must be included as ONE plan design as responded to in Form 1 section III?

Answer: Confirmed

5. Confirm if the current plan rates include any commission? If yes, what percentage?

Answer: Rates do not include any commission.

6. Clarify and explain the current benefit for Progressive Lenses: stated as follows "Up to providers contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference

between the base lens and the Progressive Lens charge". Can a specific example of member cost be provided for the progressive lenses as noted in Form 1? What is the provider's contracted fee referred to? Also please specify the type of Progressive Lenses (formulary) covered for example Standard only, or Premium or Digital lenses, if applicable?

Answer: The progressive lens formulary depends on the option the patient selects as to what the plan current covers and what is the out of pocket for the patient. Pricing can range from \$55-\$175.

7. Confirm that in addition to completing Form 1 for Proposed Benefits that a carrier may submit their standard proposal document which outlines ALL other details of standard filed and included services?

Answer: Responses should be submitted as outlined in Section 1.14. Additional information may be added. The evaluations will be based on information provided and certified by an Officer of the Company in Form 1

Firm Name: Humana, Inc Date: 6/13/14
Signature: Laura K. Nolan Title: Health Solutions Sales Executive
Typed/Printed Name: Laura K. Nolan

EXHIBIT C: BEST AND FINAL OFFER

Best and Final Offer
RFP 14-0027, Group Vision Plan
Lake County Board of County Commissioners

Please provide your Best and Final offer on the plan design as well as the premium (higher prices will not be considered).

Plan Design

- Please respond to the following questions below.
- Please respond with your proposed benefit design. **Please provide only 1 proposed benefit below.**
- All proposed benefits must meet or exceed the current level of benefits outlined.
- Do not provide any alternatives to your proposed benefit

Question		Response
A. Are network providers required to utilize a particular lab for glasses? If so, where is it located, and what is the turnaround time?		Yes, network providers utilize one of Humana's contracted network labs.
a. Location of Lab		Our network includes 131 contracted labs nationwide. We do not own or operate any of these labs.
b. Turn-around Time		Our contract states the lab will maintain a maximum of four working-day turnaround time, on average. Many of our providers, including retail, do offer same-day or one-hour turnaround times.
B. List any deviations from the current policy coverage (RFP Attachment A) and exclusions that would not be a part of your vision program.		There are no additional deviations. The original RFP Attachment A Clarifications and deviations remains intact.
Indicate your proposed plan design that corresponds to the premium rates proposed.		
Plan Feature	Current Benefit	Proposed Benefit
Frequency of Benefit		
Vision Exam	Every 12 months	Every 12 months
Lenses	Every 12 months	Every 12 months
Frames	Every 24 months	Every 24 months
Contacts	Every 12 months (when necessary)	Every 12 months (when necessary)
In-Network Copayments		
Exam (contacts or glasses)	\$15	\$15
Materials	\$15	\$15

1

Best and Final Offer
RFP 14-0027, Group Vision Plan
Lake County Board of County Commissioners

Singe Vision Lenses	Covered in full	100% after Copay
Bifocal Lenses	Covered in full	100% after Copay
Trifocal Lenses	Covered in full	100% after Copay
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Please see Member's option pricing list
Frames	\$120	\$50 Wholesale Frame Allowance (equivalent on average up to \$150 retail). This includes all frames (no limitation on brand/design).
Contact Lenses Elective	Up to \$120	Up to \$120 Contact Lens Allowance
Contact Lenses Medically Necessary	Covered in Full	Covered in Full
Lens Options		
Standard Polycarbonate	Adult \$25 Dependent Children covered in full	Age 19 & Higher - \$28 Single Vision, \$32 for Multifocal. -Under age 19 - No Charge
Solid Plastic Dye	\$13 except Pink I & Pink II	\$13 except Pink I & Pink II
Plastic Gradient Dye	\$15	\$15
Scratch Resistant Coating	\$15-\$29	\$16-\$48 (See Member's option pricing list)
Anti-Reflective Coating	\$39-\$75	\$44-\$130 (See Member's option pricing list)
Ultraviolet Coating	\$14	\$15
Lasik	Average discount of 15%	Humana members are offered Lasik procedures at substantially reduced fees. Members can take advantage of these low contracted fees when procedures are done by network providers. Humana has contracted with many well-known facilities such as TLC, LasikPlus, QualSight. At all other network provider members may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.
Out of Network Benefits	\$15 exam copay for annual eye exam up to	Exam: -up to \$52 Allowance

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Best and Final Offer
RFP 14-0027, Group Vision Plan
Lake County Board of County Commissioners

	\$52 \$15 copay for glasses and lens Lenses – single vision \$55 Lenses - Bifocal \$75 Lenses – trifocal \$95 Lenses – Lenticular \$125 Lenses- Progressive No benefit Frames - Up to \$70 Contact Lenses Elective – Up to \$105 Contact Lenses Medically Necessary – up to \$210	Single Vision Lenses: -\$55 Bifocal/Progressive Lenses: -\$75 Trifocal/Progressive Lenses: -\$95 Lenticular Lenses: -\$125 Frames: -\$45 (matched per Addendum 1) Elective Contact Lenses: -\$105 Medically Necessary Contact Lenses: -\$210 *Copayments are not applicable on out of network benefits
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Premium

- A minimum three year rate guarantee is required
- Proposals are net of any agent or broker commissions
- The following table provides the vision membership by tier. Please use these enrollment counts in your monthly premium calculations. Note that "Employee" includes Active Employee subscribers, and COBRA subscribers.

Tier	Count	Current Premium	Best and Final Premium
Employee Only	301	\$5.60	\$5.32
Employee + Family	395	\$15.96	\$15.16
Total	696		

Question	Response
A. Indicate the number of years the proposed premiums are guaranteed.	Rates are guaranteed for two years (10/01/2014 through 9/30/2016). The County's 10/1/2016 renewal will not increase more than 0%.
B. Indicate your tolerable claims loss ratio for any	The desired incurred claims loss ratio varies based on factors such as

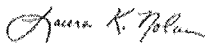
Best and Final Offer
RFP 14-0027, Group Vision Plan
Lake County Board of County Commissioners

Question	Response
future premium adjustments for years beyond the rate guarantees.	group size and general administration expense. For example, assuming a 10 percent administrative expense and 2 percent margin. In year four and beyond, Humana may expect an 86 to 88 percent incurred gross loss ratio.
C. Are Premiums inclusive of any ACA fees?	Yes
D. Please list any performance guarantees and proposed risk that your company would take for not meeting any goals	Humana strives for complete member satisfaction. Service level guarantees tied to financial penalties, however, are not incorporated into Humana's proposed rates. Humana will provide a designated Client Executive that resides in the local area to provide client specific experience reports on a quarterly and annual basis that includes, membership, premium, and claims cost by service type. Also, Humana will assign an Account Implementation Manager to provide full oversight of the initial product build and implementation. Additionally, Humana agrees to place \$2,000 at risk to contact with the intent to contract those providers that may be disrupted in the transition to Humana in an effort to contract them on Humana's VCP. Humana will guarantee that it will contact 100 percent of the providers that are disrupted due to the transition to Humana by October 1, 2014. This is contingent on Humana receiving a current provider utilization file from Lake County BOCC. Humana requires 90 days to meet this goal.

Best and Final Offer
RFP 14-0027, Group Vision Plan
Lake County Board of County Commissioners

By Signing This Proposal the Proposer Attests and Certifies That:

- It satisfies all legal requirements (as an entity) to do business with the County.
- Acknowledgement of Addendum 1 and Addendum 2 (a copy of each is attached).
- The undersigned vendor acknowledges that award of a contract may be contingent upon a determination by the County that the vendor has the capacity and capability to successfully perform the contract.
- The proposer hereby certifies that it understands all requirements of this solicitation, and that the undersigned individual is duly authorized to execute this proposal document and any related contract(s).

I. General Vendor Information and Proposal Signature:			
Firm Name:	<u>Humana Insurance Company</u>		
Street Address:	<u>76, South Laura St, 10th Floor, Jacksonville, FL 32202</u>		
Mailing Address (if different):			
Telephone No.:	<u>904-376-2798</u>	Fax No.:	<u>904-376-8086</u> E-mail: <u>lnolan@humana.com</u>
FEIN No.	<u>39 -1263473</u>	Prompt Payment Terms: <u>100</u> % 15 days, net	
Signature:			
Date:	<u>June 4, 2014</u>		
Print Name:	<u>Laura K. Nolan</u>	Title:	<u>Health Solutions Sales Executive</u>

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Fully Insured

Vision plan terms and conditions

Rate Assumptions:

- › The effective date is no later than 10/01/2014.
- › Rates are based on SIC code 9111, situs state FL.
- › Retirees are not included.
- › Plan assumes an employer/employee relationship exists between all parties.
- › These rates include a replacement commission schedule of a level 0%.
- › Rates assume no changes in legislation or regulation that affect benefits payable, eligibility, or contractual provisions.

Enrollment:

- › Rates are based on 1227 eligible employees.
- › Voluntary vision plans are not available for dual-choice selection.

Plan Design:

- › This plan is based on Humana's vision standard certificate language and includes custom benefits. To ensure quality, Humana requires a 21-day notice before the effective date to complete all facets of implementation and quality-assurance testing. Tasks during this time include internal and external meetings to discuss plan design, receiving and loading eligibility, building plan-specific benefits; and creating, printing and mailing ID cards.
- › Proposal is contingent on Humana being the only vision plan offered.

Billing:

- › With our standard billing cycle, premiums are due by the first of the month for which coverage is to be provided. Grace period is 31 days.
- › Humana may adjust rates because of changes in plan design, legislation, or regulations that affect benefits payable, eligible, or contractual provisions.

Quoted rates include dependent age limitations to end of year age 26.

Quoted rates are guaranteed for two years (10/01/2014 through 9/30/2016). Rates will not increase more than 2% for the 10/01/2016 renewal (10/01/2016 through 9/30/2018).

For insuring or offering entity, please see applicable sales or marketing literature.

HumanaVision

Vision Care Plan

Florida

Lake County BOCC

	See a participating provider	See a nonparticipating provider
Exam¹ with dilation as necessary	100% after \$15 copay	\$52 allowance
Lenses		
• Single	100% after \$15 copay	\$55 allowance
• Bifocal	100% after \$15 copay	\$75 allowance
• Trifocal	100% after \$15 copay	\$95 allowance
Frames	\$50 wholesale allowance	\$45 retail allowance
Contact lenses²		
• Elective (conventional and disposable) ¹	\$120 allowance	\$105 allowance
• Medically necessary (limit one pair) ⁴	100%	\$210 allowance
Frequency (based on date of service)		
• Examination	Once every 12 months	Once every 12 months
• Lenses or contact lenses	Once every 12 months	Once every 12 months
• Frame	Once every 24 months	Once every 24 months
Additional plan discounts		
• Members may benefit with fixed pricing for most lens options including anti-reflective and scratch-resistant coatings.		
• Members may also be eligible to receive up to a 20 percent retail discount on a second pair of eyeglasses, which is available for 12 months after the covered eye exam through the participating provider who sold the initial pair of eyeglasses.		
• After copay, standard polycarbonate available at no charge for dependents less than 19 years old.		
¹ Material copay is required for a complete pair of eyeglasses, lenses or frames.		
² If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames) (Vision Care Plan only).		
³ The contact lens allowance applies to professional services (evaluation and fitting fee) and materials. Members may be eligible to receive up to a 15 percent discount on in-network professional services, which is available for 12 months after the covered eye exam.		
⁴ Benefit provides coverage for professional services and one pair of medically necessary contact lenses with prior plan authorization.		

Vision Care Plan

HumanaVision Lasik discount

We have contracted with many well-known facilities and eye doctors to offer Lasik procedures at substantially reduced fees. You can take advantage of these low fees when procedures are done by network providers. The network locations listed below offer the following prices (per eye):

Conventional / Traditional**			Custom**	
TLC 888-358-3937 (designated locations only)	\$895		\$1,295	\$1,895*
LasikPlus 866-757-8082	\$695* LasikPlus free enhancements for 1 year	\$1,395* LasikPlus free enhancements for life	\$1,895* LasikPlus free enhancements for life	
QualSight LASIK 855-456-2020	\$895 QualSight free enhancements for 1 year	\$1,295 with QualSight Lifetime Assurance Plan	\$1,320	\$1,995* with QualSight Lifetime Assurance Plan

You may receive a 10% discount from retail prices at certain independent Lasik participating providers and pay no more than \$1,800 per eye for Conventional Lasik and \$2,300 per eye for Custom Lasik.

*with Introlase™

**Pricing varies by section procedure offered by the provider you choose and options in your area. Not all locations offer fixed pricing. Please call the provider for details.

How does the wholesale frame allowance work?

Benefits include a wholesale frame allowance. If the wholesale cost exceeds the frame allowance, members pay twice the wholesale difference. They never pay full retail.

Retail price*	Wholesale price	Wholesale allowance	Member pays	Savings
\$125	\$50	\$50	\$0	\$125
\$187.50	\$75	\$50	\$50 (\$75-\$50=\$25x2=\$50)	\$137.50

* Retail costs may differ and are based on 2½ times the wholesale cost. Actual savings may vary.

Use your HumanaVision benefits

HumanaVision options have you covered and make eye care affordable. You have access to one of the largest vision networks in the United States, with more than 35,000 participating optometrist, ophthalmologists, and national retail locations, including LensCrafters®, Pearle Vision®, Sears® Optical, Target® Optical, and JCPenney® Optical. In addition you'll enjoy:

- The same benefits at all participating providers, no matter where they're located
- Wholesale pricing on frames, avoiding high retail markups
- Simple access to plan information, provider search, Customer Care and other automated services at HumanaVisionCare.com

How it Works

1. After signing up for your vision plan, you will receive an ID card in the mail
2. Prior to scheduling your appointment, select a network provider through the Customer Care Center, automated information line, or HumanaVisionCare.com
3. Schedule an appointment, providing your name, the patient's name and employer
4. Sign your provider's form after your exam, you'll pay any copayments and/or costs of any upgrades at this time



LENSCRAFTERS®

PEARLE VISION®

JCPenney Optical

Sears®
Optical

OPTICAL®

Know what your plan covers

Attached is a summary of HumanaVision benefits that are described in detail in your certificate. You can find your certificate on HumanaVisionCare.com or call 1-866-537-0229. Here's what you can expect:

- Quality routine eye health care from independent eye care professionals and national retail locations.
- Services and materials provided on a prepaid basis, and the plan pays in-network providers directly, you also have the freedom to use out-of-network providers if you prefer
- Life without claim forms! With HumanaVision, you pay your eye care professional directly for copayments and any extra cosmetic options selected at the time of service
- Select a vision provider from our network simply by visiting HumanaVisionCare.com, if you prefer, call us at 1-866-537-0229

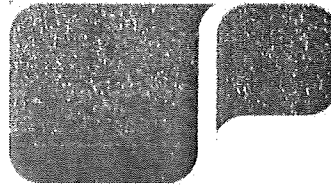
Know what your plan doesn't cover

Some items and services not included in HumanaVision are:

- Orthoptics or vision training, subnormal vision aids or Plano (non-prescription) lenses
- Replacement of lost or broken lenses, except at the regularly scheduled plan intervals
- Medical or surgical treatment of eyes
- Care provided through or required by any government agency or program, including Workers' Compensation or a similar law

Vision health impacts overall health

Routine eye exams can lead to early detection of vision problems and other diseases such as diabetes, hypertension, multiple sclerosis, high blood pressure, osteoporosis, and rheumatoid arthritis.



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This is not a complete disclosure of plan qualifications and limitations.

Check with your local Humana or HumanaDental sales office to verify product availability.

Insured by Humana Insurance Company or CompBenefits Insurance Company or CompBenefits Company

Humana

Humana.com



Vision Care Plan

Member options price list — effective April 28, 2014

Options	Total Payment to Provider from Member		Options	Total Payment to Provider from Member	
	Single Vision (SV)	Multifocal		Single Vision (SV)	Multifocal
Nonaspheric styles*			Specialty lenses continued		
Standard plastic	N/C	N/C	Hoya S128 IQ		
Mld-index 1.53-1.59	48	55	Plastic	—	80
High-index 1.60-1.66	55	64	Polycarbonate	—	85
High-index 1.67-1.70	95	112	Polycarbonate Polarized	—	185
High-index 1.71-1.74	120	130	Trivex	—	99
† Trivex /Trilogy /TIREX [†]	48	55	Hoya SV IQ		
† Phoenix	45	55	Plastic	63	—
Polycarbonate (age 19 and higher)	28	32	Polycarbonate	68	—
Polycarbonate (under age 19)	N/C	N/C	Polycarbonate Polarized	135	—
† Glass 1.523 standard	N/C	N/C	Trivex	88	—
High-index glass	36	91	Trivex Polarized	140	—
Aspheric styles**			High-index 1.67	121	—
Standard plastic	45	56	Hoyalux Array Sync [†] 5		
Polycarbonate	49	56	Plastic	73	—
Mld-index 1.53-1.59	48	55	† Phoenix	80	—
High-index 1.60-1.66	63	77	High-index 1.60	87	—
High-index 1.67-1.70	107	115	High-index 1.67	108	—
High-index 1.71-1.74	135	154	Hoyalux Array Sync 8		
† Trivex/Trilogy/TIREX	48	55	Plastic	73	—
† Phoenix	48	55	† Phoenix	80	—
Polarized styles			High-index 1.60	87	—
Polarized plastic	61	71	High-index 1.67	108	—
Polarized mld-/high-index	99	124	Plastic tints		
Polarized polycarbonate	78	101	Solid tint (excludes pink and rose)	13	13
Polarized glass	65	86	Gradient tint	15	15
† Xperio UV [†] (Crizal backside AR is automatically included) Charged in addition to appropriate material	145	145	Glass tints and others		
† Xperio UV Mirrors (Crizal backside AR is automatically included) Charged in addition to appropriate material	165	165	Tinted glass (excludes pink and rose)	18	27
Specialty lenses			Glass tint yellow	50	67
† Crizal Kids UV [†]			Glass coating solid	27	31
Polycarbonate (Crizal AR is automatically included)	55	—	Glass coating gradient	27	31
Essilor 360 SV [†] Aspheric			Photochromics		
Polycarbonate	68	—	Glass PRX or PGX	23	34
High-index 1.67	102	—	Glass Thin & Dark	37	58
High-index 1.74	169	—	† Plastic A: SunTech	72	83
Essilor Azio SV [†] Aspheric			† Plastic B: Transitions [†] , PhotoViews [†] , LifeRx, ChangeRx [†] , ColorMatic [†]	77	88
Polycarbonate	78	—	† Plastic C: XTRActive	115	125
High-index 1.67	112	—	† Plastic D: Transitions Vantage	120	157
High-index 1.74	179	—	Miscellaneous		
Essilor eyecode [†] SV Aspheric			Blended bifocal	—	49
Polycarbonate	82	—	Mirror coating solid or gradient	44	44
High-index 1.67	115	—	Factory scratch-resistant coating	16	16
High-index 1.74	183	—	Premium scratch-resistant coating:		
Essilor FIT [†] SV Aspheric			Essilor TD2 [†] , Hoya Clarity Shield	29	29
Polycarbonate	78	—	Premium scratch-resistant coating:		
High-index 1.67	112	—	Essilor TD2 with Optifog [†] Technology	48	48
High-index 1.74	179	—	Oversize 61 and above [†]	14	14
Essilor Stylistic [†] WRAP SV			Facet (includes polishing)	58	64
1.50 Plastic Polarized	152	—	Ultraviolet (UV) treatment	15	15
Polycarbonate Polarized	175	—	† Blu-Tech	—	20
Polycarbonate Colors (nonpolarized)	116	—	Groove	12	12
High-index 1.67 Polarized	275	—	Drill and/or notch	27	27
Hoya ID SV			Roll and polish/polish edges/ edge coating	13	13
High-index 1.60	145	—	Occupational/double segment	—	N/C
High-index 1.67	165	—	Executive bifocal (plastic only)	—	N/C
High-index 1.70	177	—	Center thickness 1.5 or below	N/C	N/C
			Slab-off	N/C	N/C
			Prism	N/C	N/C

* The member's materials copayment covers single-vision, lined bifocal or lined trifocal lenses that are clear and nonaspheric and are made of standard glass or standard plastic.

** The member's materials copayment covers single-vision or 22mm round-segment, aspheric, lenticular lenses of no additional payment. (Cataract U/Aphakic)

† symbol is used to indicate changes that are specific to the April 28, 2014, price list update. Changes include new options, options that have a new name and options that have changed in placement and/or pricing.

Options	Total Payment to Provider from Member:	
Progressive lens availability		
Level 1	60	Essilor Adaptar, Essilor Super Ho-Line, Rodenstock Life SI, Signet Armorlite S/A Navigator, S/A Navigator Short, Sola Instinctive, † Vision Ease Outlook, Younger Image
Level 2	71	AO Compact, Essilor Adaptar Digital, Essilor Adaptar Short Digital, Essilor Natural, Essilor Natural Digital, Hoyalux GP, Kodak Concise, † Seiko AF2, Sola Max, Sola VIP, † Vision Ease Illumina, X-Cel Freedom ID
Level 3	82	AO Easy, Essilor Ideal, Essilor Ovation, Essilor Ovation Digital, Essilor Smallfit, Essilor Smallfit Digital, Hoyalux GP Wide, Kodak Precise, † Kodak Precise PB, Kodak Precise Short, † Kodak Precise Short PB, Rodenstock Classic Life, Rodenstock Classic Life XS, † Seiko Succeed, † Seiko Succeed WS
Level 4	94	AO B'Active, Essilor Accolade, Essilor Ideal Short, Hoya Summit cd, Hoya Summit ecp, KBCo Fusion 1, KBCo Fusion 2, Optima Hyperview, † Seiko Supercede, Shamir Creation, † Shamir Element, Shamir Genesis, Shamir Piccolo, Shamir Piccolo Attitude, Sola Compact Ultra, Varilux Ellipse, Varilux Comfort, Varilux Comfort DRx, Varilux Comfort Short, Varilux Comfort Short DRx, Varilux Sport, † Vision Ease Novel, † Vision Ease Novella
Level 5	135	Definity, Definity Short, Essilor Accolade Freedom, Essilor Ideal Advanced, Essilor Ideal Advanced Wrap, Hoya Summit cd IQ, Hoya Summit ecp IQ, Kodak Concise Digital, Kodak Precise Digital, Kodak Precise Short Digital, † Seiko Supernal, Shamir FirstPAL, † Shamir InTouch, Shamir Spectrum, Varilux Ellipse 360, Varilux Comfort Enhanced, Varilux Physio, Varilux Physio DRx, Varilux Physio Short, Varilux Physio Short DRx
Level 6	145	Definity 3, Hoya iD LifeStyle, Hoya iD LifeStyle cd, † Hoyalux Array, † Hoyalux Array High Base, Kodak Unique, † Seiko Surmount, † Seiko Surmount WS, Shamir Autograph II, Shamir Autograph II Attitude, Shamir Golf, Varilux Physio 360, Varilux Physio Enhanced, Varilux Physio Short 360, † Varilux Stylistic Wrap
Level 7	---	for internal use only
Level 8	185	Definity 3 Plus, † Hoya iD InStyle, † Hoya iD LifeStyle Clarity, † Hoya iD LifeStyle Harmony, † Shamir Autograph III, Varilux Ipseo IV, Varilux Ipseo IV eyecode, Varilux Physio Enhanced Azio, Varilux Physio Enhanced eyecode, Varilux Physio Enhanced Fit, Varilux Physio Enhanced India
Level 9	---	for internal use only
Level 10	---	for internal use only
Level 11	270	† Hoya iD MyStyle, Varilux S Design, Varilux S Design Short, Varilux S Fit, Varilux S 4D
† Near-variable lens styles		
Level A near-variable	49	Essilor Computer, Essilor Interview, Hoya TACT, Shamir Office, Sola Access
Level B near-variable	80	Shamir Autograph II Office
Anti-reflective (AR) coating products		
Standard	44	† Seiko Surpass ECP, Sharpview Plus, Standard AR 1 year
Premium	60	Hoya HiVision, Hoya Premium AR, Hoya Premium with View Protect, Kodak ClearAR, † Seiko Super Surpass ECP
Elite	72	Crizal Easy UV, Hoya HiVision with View Protect
Supreme	85	Crizal Allié UV, Hoya Super HiVision, Kodak Clear W/ClAR
Diamond	105	Crizal Avancé UV, Crizal SunShield UV, Crizal SunShield UV Mirrors, † Hoya Recharge, Hoya Super HiVision EX3
Imperial	130	† Crizal Prevencia, Crizal Sapphire UV, Crizal UV with Optifog Technology

† symbol is used to indicate changes that are specific to the April 28, 2014, price list update. Changes include new options, options that have a new name and options that have changed in placement and/or pricing.

Prices subject to change.

Humana.

EXHIBIT D: WELLNESS SUPPORT SERVICES

Proposal for:

Lake County Board of County Commissioners

WELLNESS SUPPORT SERVICES

Vision Care Chronic Condition Management Strategy

Modern research clearly demonstrates that the eyes are a gateway to the body and can provide very early indication of numerous systemic disorders, including diabetes, hypertension, high cholesterol, cancer, and multiple sclerosis. Humana's data capture and reporting techniques, combined with a clinical partnership with the County's chronic condition management/care coordination partners, can have remarkable results. These results have beneficial health implications for members, as well as positive financial implications for you. Our ultimate goal is to provide information to potentially enhance the health of members while providing another tool that may be used by you to reduce future medical costs.

Thorough Eye Examinations

Members using our VCP can rest assured they receive thorough eye examinations and have access to an extensive selection of eyewear materials of the highest quality. Our eye examinations must include appropriate evaluation and recording of data in each of the following areas:

- Patient history: medical history about the patient
- Visual acuity: patient's vision with and without glasses
- External examination: examining the outside of the eye
- Pupillary examination: checking the pupils
- Visual field testing: checking different fields of vision
- Internal examination: examining the inside of the eye
- Biomicroscopy: examination of the cornea
- Tonometry: checking eye pressure
- Refraction: check need for eyeglasses
- Extra ocular muscle balance assessment: checking for eye movements
- Other tests and procedures: for example, color vision testing
- Diagnosis and treatment plan: eyeglass prescription, etc.

A comprehensive eye health exam allows a basic diagnostic examination, which can determine if further medical examinations are necessary. Some diseases that are found in the eye by our private practice doctors are:

- Cancer
- Diabetes
- High Blood Pressure
- Cardiovascular Disease
- Cataracts
- Glaucoma
- Macular Degeneration
- Lupus
- Multiple Sclerosis

Providers who find conditions requiring medical care beyond their scope may refer members to the appropriate medical specialist (typically covered under medical insurance).

Humana.

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Proposal for

Lake County Board of County Commissioners

Outreach/Carrier Coordination

We believe it is critical to identify and educate participants who have diabetes about the importance of good ocular health. We have the capabilities to provide your medical carrier with file feeds that help identify and reach out to at-risk participants with known health conditions. There are additional programming costs associated with our outreach program.

VCP providers have the ability to report ICD-9 and ICD-10 systemic diagnosis codes to allow you to conduct analysis for disease management reporting. Our doctors are trained in the detection of systemic disease and routinely provide clinical findings to the member's primary care physician.

We believe that early intervention of medical conditions contributes positively to outcomes and cost savings. Therefore, HumanaVitality members on Humana and non-Humana vision plans can now submit proof of a routine preventive vision exam using the Prevention Activity form, available by signing into HumanaVitality.com.

Plus, routine preventive vision exams are now part of the Vitality Kids™ standard activities program. Dependents 13 years and younger can receive 100 Vitality Points for obtaining the same routine preventive vision exams.

Humana

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